

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO. \_\_\_\_\_ / FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IN. NO.	O.F.P.	IN. NO.	O.F.P.	IN. NO.	O.F.P.
1	1					
2						
3						
4						
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7	1					
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50						
TOTAL IN. NO.	3					
TOTAL O.F.P.	15	18	15	18	15	18
TOTAL	15	18	15	18	15	18

IN. NO.	O.F.P.	IN. NO.	O.F.P.	IN. NO.	O.F.P.
61					
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98					
99					
100					
TOTAL IN. NO.	15	18	15	18	15
TOTAL O.F.P.	15	18	15	18	15
TOTAL	15	18	15	18	15